

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 12-10-04.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The level IV new patient office visit and physician team conference were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with Medicare program reimbursement methodologies effective August 1, 2003 per Commission Rule 134.202(c), plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 12-18-03 and 12-22-03 in this dispute.

This Findings and Decision and Order are hereby issued this 11th day of February 2005.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh

Enclosure: IRO decision

MEDICAL REVIEW OF TEXAS
[IRO #5259]
3402 Vanshire Drive Austin, Texas 78738
Phone: 512-402-1400 FAX: 512-402-1012

NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M5-05-1171-01
Name of Patient:	
Name of URA/Payer:	Robert Wright, DC
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician:	Tim Peele, DC
(Treating or Requesting)	

February 7, 2005

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: Texas Workers Compensation Commission

CLINICAL HISTORY

Documents Reviewed Included the Following:

1. Carrier EOBs
2. Correspondence from carrier attorney
3. Carrier review
4. Correspondence and examination records/reports from the requesting doctor
5. Correspondence and treatment record from treating doctor
6. Diagnostic imaging reports
7. Electrodiagnostic reports

Patient underwent diagnostic imaging, electrodiagnostic testing, epidural steroid injection and physical medicine treatments after sustaining an on-the-job injury on _____. The claimant indicates that her left leg gave out causing her to fall off of a truck catwalk. She reports that she hit the battery box with her low back and fell approximately 3 feet vertically to the ground landing on her buttocks.

REQUESTED SERVICE(S)

Item(s) and Date(s) in Dispute: 99204 – level IV new patient office visit; 99362 – physician team conference on 12/18/03 - 12/22/03.

DECISION

Approved.

RATIONALE/BASIS FOR DECISION

Based on the medical records submitted, it was appropriate to refer the claimant for further evaluation after she had failed to adequately respond to previous care. As a board certified specialist in rehabilitation, the consulting doctor was an appropriate choice for referral and fulfilled the statutory duties of a consulting doctor. Therefore, the disputed examination and conference were both indicated and medically necessary.